

## ARIZONA DEPARTMENT OF PUBLIC SAFETY

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## "Courteous Vigilance"

JANET NAPOLITANO ROGER VANDERPOOL
Governor Director

## FIREARMS-SAFETY TRAINING ORGANIZATION APPROVAL APPLICATION

To qualify for approval as a Firearms-safety Training Organization the applicant must be legitimately doing business in Arizona. Please complete all parts of this form. No fee is required for approval of a firearms-safety training organization.

TRAINING ORGANIZATION NAME	COUNTY		
PHYSICAL ADDRESS OF ORGANIZATION	CITY	STATE	ZIP CODE
MAILING ADDRESS OF ORGANIZATION IF DIFFERENT	CITY	STATE	ZIP CODE
NAME OF RESPONSIBLE PARTY (LAST, FIRST, MIDDLE)	PHONE NUMBER		

IMPORTANT: Make sure this application is complete or it wil	I not be processed
- Official DPS web site: www.azdps.gov/ccw	
<ul> <li>Mail completed form to:         ATTN: Program Coordinator         Arizona Department of Public Safety         P.O. Box 6488         Phoenix, AZ 85005-6488     </li> </ul>	Place stamp/seal here

- Questions may be directed to the Concealed-weapons Permit Unit at: (602) 256-6280 or 1-800-256-6280 (outside metropolitan Phoenix but within Arizona)
- Training Organizations are required to submit a unique stamp or seal to DPS within 90 days of approval as a DPS recognized Training Organization.

I attest that, to the best of my knowledge, all answers on the application are true and correct. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to the Arizona Department of Public Safety in the application process. Falsification or misrepresentation is also grounds for approval being denied or revoked.

Responsible Party Signature	Date
The special constraints	